

Revised 2/95

BOARD OF COUNTY COMMISSIONERS  
AGENDA ITEM SUMMARY

Meeting Date: May 19, 2004

Division: Administrative Services

Bulk Item: Yes ☒ No ☐

Department: Grants Administration

AGENDA ITEM WORDING: Authorization for the Mayor to execute the Certificate of Acceptance of Subgrant Award for the Intoxilyzer 8000 – Phase I – Circuit 16 Program, using funds provided under the Byrne State and Local Law Enforcement Formula Grant, for the period from April 1, 2004 through September 30, 2004.

ITEM BACKGROUND: One-hundred percent funding is provided – made up of 25% Florida Dept. of Law Enforcement funds, and 75% Byrne funds to purchase four Intoxilyzer 8000 blood alcohol measurement units for the Monroe County Sheriff's Dept. Funding is primarily unspent Byrne funds from the prior year.

PREVIOUS RELEVANT BOCC ACTION: Participation in Byrne-funded grants since approximately 1990.

CONTRACT/AGREEMENT CHANGES: None – new contract.

STAFF RECOMMENDATION: Approval

TOTAL COST: \$25,400.00

BUDGETED: Yes ☒ No ☐

COST TO COUNTY: \$0.00

REVENUE PRODUCING: Yes ☐ No ☒

AMOUNT PER MONTH \_\_\_\_\_  
YEAR \_\_\_\_\_

APPROVED BY: COUNTY ATTY ☐ OMB/PURCHASING ☐ RISK MANAGEMENT ☒ *Bb*

DIVISION DIRECTOR APPROVAL: \_\_\_\_\_

*Sheila A. Barker*

Sheila A. Barker

DOCUMENTATION: INCLUDED: ☒ TO FOLLOW: ☐ NOT REQUIRED: ☐

DISPOSITION: \_\_\_\_\_

AGENDA ITEM #: D12

# MONROE COUNTY BOARD OF COUNTY COMMISSIONERS

## CONTRACT SUMMARY

Contract with: Florida Department of Law Enforcement      Effective Date: 04/01/04

Expiration Date: 09/30/04

Contract Purpose/Description: Funds provided through FDLE Agreement for purchase of four (4) Intoxilizer 8000 units for blood alcohol testing.

Contract Manager: David P. Owens      4482      OMB/Grants Mgt.  
(Name)      (Ext.)      (Department)

for BOCC meeting on 05/19/04

Agenda Deadline: 05/04/04

## CONTRACT COSTS

Total Dollar Value of Contract: \$25,400.00      Current Year Portion: \$25,400.00  
Budgeted? Yes X    No      Account Codes: 125-06025-530490-GG0416-XXXXXX  
Grant: \$25,400.00  
County Match: \$0.00

## ADDITIONAL COSTS

Estimated Ongoing Costs: \$2,857.00      For: Staff support-filing reports, oversight  
(Not included in dollar value above)      (eg. Maintenance, utilities, janitorial, salaries, etc.)

## CONTRACT REVIEW

	Date In	Changes Needed	Reviewer	Date Out
Division Director	_____	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<i>Sheila J. Barker</i>	5/3/04
Risk Management	5/4/04	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<i>Bill Guban</i>	5/4/04
O.M.B./Purchasing	_____	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<i>Antonio J. Zappala</i>	5/4/04
County Attorney	4/30/04	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	<i>Self</i>	5/03/04

Comments: \_\_\_\_\_

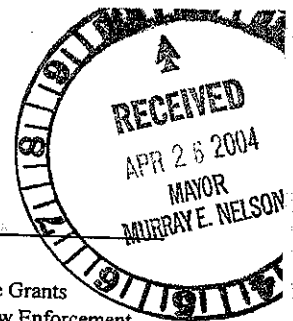


Florida Department of  
Law Enforcement

Guy M. Tunnell  
*Commissioner*

Office of Criminal Justice Grants

Mailing Address:  
Office of Criminal Justice Grants  
Florida Department of Law Enforcement  
2331 Phillips Road  
Tallahassee, Florida 32308  
(850) 410-8700



APR 20 2004

The Honorable Murray Nelson  
Mayor, Monroe County  
Dameron Building, Suite 2  
99198 Overseas Highway  
Key Largo, Florida 33037

APR 27 2004

Re: 04-CJ-2H-11-54-01-250 / Intoxilyzer 8000 - Phase 1 - Circuit  
16

Dear Mayor Nelson:

The Florida Department of Law Enforcement is pleased to award a Byrne State and Local Law Enforcement Formula Grant in the amount of \$19,050 to your unit of government. These funds shall be utilized to implement a Byrne Program under Purpose Area 022 - DUI Enforcement and Prosecution.

A copy of the approved subgrant application with the above referenced grant number and project title is enclosed for your file. All correspondence with the Department should always refer to the grant number and project title.

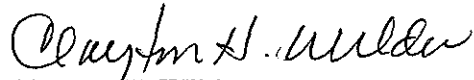
Your attention is directed to Section G of the subgrant, "Acceptance and Agreement". These conditions should be reviewed carefully by those persons responsible for project administration to avoid delays in project completion and cost reimbursements. Also, you should review the enclosed Subgrant Award Certificate. This certificate contains important information that applies to this award.

The enclosed Certificate of Acceptance should be completed and returned to the Department within 30 calendar days from the date of award. This certificate constitutes official acceptance of the award and must be received by the Department prior to the reimbursement of any project expenditures.

The Honorable Murray Nelson  
Page Two

We look forward to working with you on this project. If we can be of further assistance, please contact Beth Hamilton at (850)410-8700.

Sincerely,

A handwritten signature in cursive script, reading "Clayton H. Wilder".

Clayton H. Wilder  
Community Program Administrator

CHW/BH/mg

Enclosures

State of Florida  
Office of Criminal Justice Grants  
Florida Department of Law Enforcement

Byrne Formula Grant Program

CERTIFICATE OF ACCEPTANCE OF SUBGRANT AWARD

The subgrantee, through its authorized representative,  
acknowledges receipt and acceptance of subgrant award number  
04-CJ-2H-11-54-01-250 in the amount of \$19,050,  
for a project entitled: Intoxilyzer 8000 - Phase 1 - Circuit 16  
for the period of 04/01/2004 through 09/30/2004, to be implemented  
in accordance with the approved subgrant application, and subject to  
the Florida Department of Law Enforcement's conditions of acceptance  
and agreement and special conditions governing this subgrant.

\_\_\_\_\_  
(Signature of Authorized Official)

\_\_\_\_\_  
(Date of Acceptance)

\_\_\_\_\_  
(Typed Name of Official)

\_\_\_\_\_  
(Typed Title of Official)

Monroe County

\_\_\_\_\_  
(Name of Subgrantee)

MONROE COUNTY ATTORNEY

APPROVED

ASSIGNED

Date

5/03/04

State of Florida  
Office of Criminal Justice Grants  
Florida Department of Law Enforcement  
Byrne Formula Grant Program

SUBGRANT AWARD CERTIFICATE

Subgrantee: Monroe County Board of Commissioners

Date of Award: APR 20 2004

Grant Period: From: 04/01/2004 To: 09/30/2004

Project Title: Intoxilyzer 8000 - Phase 1 - Circuit 16

Grant Number: 04-CJ-2H-11-54-01-250

Federal Funds: \$19,050.00

State Agency Match:

Local Agency Match: \$6,350.00

Total Project Cost: \$25,400.00

Program Area: 022

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Award is hereby made in the amount and for the period shown above of a subgrant under Title I of the Omnibus Crime Control and Safe Streets Act of 1968, P.L. 90-351, as amended, and the Anti-Drug Abuse Act of 1988, P.L. 100-690, to the above mentioned subgrantee and subject to any attached or special conditions.

This award is subject to all applicable rules, regulations, and conditions as contained in the Financial and Administrative Guide for Grants, Guideline Manual 7100.1D, Office of Justice Programs, Common Rule for State and Local Governments and A-87, or OMB Circulars A-110 and A-21, in their entirety. It is also subject to such further rules, regulations and policies as may be reasonably prescribed by the State or Federal Government consistent with the purposes and authorization of P.L. 90-351, as amended, and P.L. 100-690.

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04-CJ-2H-11-54-01-250

SUBGRANT AWARD CERTIFICATE (CONTINUED):

This grant shall become effective on the beginning date of the grant period provided that within 30 days from the date of award, a properly executed Certificate of Acceptance of Subgrant Award is returned to the Department.

Clayton H. Wilder  
Authorized Official  
Clayton H. Wilder  
Community Program Administrator

4-20-04  
Date

**Application for Funding Assistance**  
**Florida Department of Law Enforcement**  
**Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program**

**Please read instructions before completing this application.**

- The term **"Department"**, unless otherwise stated, refers to the **Department of Law Enforcement**.
- The term **"OCJG"** refers to the **Office of Criminal Justice Grants**.
- The term **"subgrant recipient"** or **"subgrantee"** refers to the governing body of a city, county, state agency, or an Indian Tribe that performs criminal justice functions as determined by the U.S. Secretary of the Interior.
- The term **"implementing agency"** is a subordinate agency of a city, county, state agency, or Indian Tribe, or an agency under the direction of an elected official (for example, Sheriff or Clerk of the Court). It may also be an entity eligible to be a subgrantee (ex. City of Live Oak)
- Instructions are incorporated in this document by reference.

<b>A. Subgrant Data</b>									
<b>1. This section to be completed by Subgrantee</b> Continuation of Previous Subgrant? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If Yes, enter CJ Contract # of Previous Subgrant <u>SFY 2003 CJ Contract #</u> 2003- CJ - ____ - ____ - ____ - ____		<b>2. This section to be completed by OCJG</b> <table border="1"> <tr> <td>Project ID # 2001- <u>250</u></td> <td>Program Area #: 22</td> <td>CFDA #: 16.579</td> </tr> <tr> <td colspan="3"> <u>SFY 2004 CJ Contract #</u>            2004 - CJ - <u>2H</u> - <u>11</u> - <u>54</u> - <u>01</u> - <u>250</u> </td> </tr> </table>		Project ID # 2001- <u>250</u>	Program Area #: 22	CFDA #: 16.579	<u>SFY 2004 CJ Contract #</u> 2004 - CJ - <u>2H</u> - <u>11</u> - <u>54</u> - <u>01</u> - <u>250</u>		
Project ID # 2001- <u>250</u>	Program Area #: 22	CFDA #: 16.579							
<u>SFY 2004 CJ Contract #</u> 2004 - CJ - <u>2H</u> - <u>11</u> - <u>54</u> - <u>01</u> - <u>250</u>									
<b>B. Applicant Information</b>									
<b>1. Subgrant Recipient (Subgrantee)</b>									
Name of Subgrant Recipient (Unit of Government): <b>Monroe County Board of County Commissioners</b>  Name of Chief Elected Official / State Agency Head: <b>Murray Nelson</b>  Title: <b>Mayor</b>  Address: <b>Damaron Bldg. Suite 2; 99198 Overseas Highway</b>  City, County, State, Zip Code: <b>Key Largo, Monroe, FL 33037</b>  E-mail Address: <b>boccdis5@monroecounty-fl.gov</b>		<table border="1"> <tr> <td><b>County</b>  <b>Monroe</b></td> </tr> <tr> <td>Area Code / Phone # <b>305-852-7175</b></td> </tr> <tr> <td><b>SUNCOM #</b></td> </tr> <tr> <td>Area Code / Fax # <b>305-852-7162</b></td> </tr> </table>		<b>County</b>  <b>Monroe</b>	Area Code / Phone # <b>305-852-7175</b>	<b>SUNCOM #</b>	Area Code / Fax # <b>305-852-7162</b>		
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Area Code / Phone # <b>305-852-7175</b>									
<b>SUNCOM #</b>									
Area Code / Fax # <b>305-852-7162</b>									
<b>2. Chief Financial Officer of Subgrant Recipient (Subgrantee)</b>									
Name of Chief Financial Officer: <b>Danny L. Kolhage</b>  Title: <b>Clerk of the Circuit Court</b>  Address: <b>500 Whitehead Street</b>  City, County, State, Zip Code: <b>Key West, Monroe, FL 33040</b>  E-mail Address:		<table border="1"> <tr> <td><b>County</b>  <b>Monroe</b></td> </tr> <tr> <td>Area Code / Phone # <b>305-292-3550</b></td> </tr> <tr> <td><b>SUNCOM #</b></td> </tr> <tr> <td>Area Code / Fax # <b>305-292-3663</b></td> </tr> </table>		<b>County</b>  <b>Monroe</b>	Area Code / Phone # <b>305-292-3550</b>	<b>SUNCOM #</b>	Area Code / Fax # <b>305-292-3663</b>		
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Area Code / Phone # <b>305-292-3550</b>									
<b>SUNCOM #</b>									
Area Code / Fax # <b>305-292-3663</b>									
<b>3. Implementing Agency</b>									
Name of Implementing Agency: <b>Monroe County Sheriff's Office</b> Name of Chief Executive Official / State Agency Head / Subgrantee representative (if a subordinate agency of the subgrant recipient):  Title: <b>Richard D. Roth, Sheriff</b>  Address: <b>5525 College Road</b>  City, County, State, Zip Code: <b>Key West, Monroe, FL 33040</b>  E-mail Address: <b>rickroth@keysso.net</b>		<table border="1"> <tr> <td><b>County</b>  <b>Monroe</b></td> </tr> <tr> <td>Area Code / Phone # <b>305-296-2424</b></td> </tr> <tr> <td><b>SUNCOM #</b></td> </tr> <tr> <td>Area Code / Fax #</td> </tr> </table>		<b>County</b>  <b>Monroe</b>	Area Code / Phone # <b>305-296-2424</b>	<b>SUNCOM #</b>	Area Code / Fax #		
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Area Code / Phone # <b>305-296-2424</b>									
<b>SUNCOM #</b>									
Area Code / Fax #									

<b>Application for Funding Assistance</b> <b>Florida Department of Law Enforcement</b> <b>Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program</b>
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<b>4. Project Director</b>	
Name of Project Director: <b>Patricia Almeda</b> (Implementing Agency Employee)  Title: <b>Director, Planning and Research Division</b>  Address: <b>5525 College Road</b>  City, County, State, Zip Code: <b>Key West, Monroe, FL 33040</b>  E-mail Address: <b>palmeda@keysso.net</b>	<b>County</b>  <b>Monroe</b>  Area Code / Phone # <b>305-292-7058</b>  <b>SUNCOM #</b>  Area Code / Fax #
<b>5. Contact Person</b>	
Name of Contact Person: <b>David P. Owens</b> (if other than Project Director)  Title: <b>Grants Administrator</b>  Address: <b>1100 Simonton Street</b>  City, County, State, Zip Code: <b>Key West, Monroe, FL 33040</b>  E-mail Address: <b>owens-david@monroecounty-fl.gov</b>	<b>County</b>  <b>Monroe</b>  Area Code / Phone # <b>305-292-4482</b>  <b>SUNCOM #</b>  Area Code / Fax # <b>305-292-4515</b>
<b>6. Person Responsible For Financial Reporting (if known)</b>	
Name: <b>Patricia Almeda</b>  Title: <b>Director, Planning and Research Division</b>  Address: <b>5525 College Road</b>  City, County, State, Zip Code: <b>Key West, Monroe, FL 33040</b>  E-mail Address: <b>palmeda@keysso.net</b>	<b>County</b>  <b>Monroe</b>  Area Code / Phone # <b>305-292-7058</b>  <b>SUNCOM #</b>  Area Code / Fax #
<b>7. Person Responsible For Programmatic Performance Reporting (if known)</b>	
Name: <b>Patricia Almeda</b>  Title: <b>Director, Planning and Research Division</b>  Address: <b>5525 College Road</b>  City, County, State, Zip Code: <b>Key West, Monroe, FL 33040</b>  E-mail Address: <b>palmeda@keysso.net</b>	<b>County</b>  <b>Monroe</b>  Area Code / Phone # <b>305-292-7058</b>  <b>SUNCOM #</b>  Area Code / Fax #
<b>8. Service Provider Contact Person</b>	
Name: <b>N/A</b>  Title:  Address:  City, County, State, Zip Code:  E-mail Address:	<b>County</b>     Area Code / Phone #  <b>SUNCOM #</b>  Area Code / Fax #

**Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program**

### C. Administrative Data

- End: 09/30/04

#### D. Fiscal Data

Remit Warrant to: (This may only be either the individual listed in B2 (Subgrantee CFO) or a designee in their office. If B2 is selected, do not reenter the contact information. This is only needed for designee.

Phone Number:

- Yes XX No

- Quarterly
- XX

4. Subgrant Recipient FEID #: 59-6000749

5. State Agency SAMAS #: \_\_\_\_\_

- Yes\_\_\_\_\_ No X

7. Cash Advance: Will you request an advance?

Yes                      Amount                      No **X**

If yes, a letter of request must be submitted with the application or prior to submission of the first claim for reimbursement. Amount requested must be justified and accepted by FDLE.

**Application for Funding Assistance**  
**Florida Department of Law Enforcement**  
**Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program**

**E. Project Narrative**

- 1. Problem Identification:** Briefly describe the specific problem to be addressed with subgrant funds in terms of Problem Description, Problem Significance and Needs Assessment.

The Florida Department of Law Enforcement (FDLE) has statutory authority to approve methods of analysis for breath alcohol testing for use in investigations involving driving under the influence (Florida Statute 316), commercial motor vehicles (Florida Statute 322) and boating under the influence (Florida Statute 327). Specifically, the Alcohol Testing Program has the authority to approve breath test instrumentation for evidentiary use within Florida.

The breath test instrumentation currently being used in Florida is approaching fourteen (14) years in age and is fast becoming obsolete. There is newer technology available which would provide a better-suited evidentiary breath test instrument to all criminal justice agencies for the purposes of facilitating a breath alcohol test. The new instrument that has been approved by the FDLE Alcohol Testing Program is the Intoxilyzer 8000 (See Chapter 11D-8, Florida Administrative Code).

The use of the Intoxilyzer 8000 will bring the breath alcohol testing methodology and instrumentation used within the state to the forefront of technology. At a minimum, the new instrumentation will offer the ability to measure the alcohol concentration of a person's breath specifically for alcohol, it will offer a "mobile" breath test for use by criminal justice agencies involved in boating under the influence investigations, and it will allow a networking capability, through the use of computers, so the Alcohol Testing Program may better monitor each instrument individually and maintain statistics necessary to successfully evaluate breath alcohol testing within the state.

Some of the breath test instrumentation currently being used (Intoxilyzer 5000) in Florida is approaching fourteen (14) years of age. Over 60% of the breath test instruments being used are over 11 years in age. Within the next couple of years, the manufacturer of the current breath test instrumentation may cease production of parts necessary to repair these instruments and they will no longer be available for use.

Currently, there are two "types" of Intoxilyzer 5000 instruments and three "types" of software used in the breath test instrumentation. Use of the Intoxilyzer 8000 would bring statewide consistency to breath alcohol testing and have available one type of instrument and one type of software. The Intoxilyzer 8000 will provide the criminal justice agencies in Florida with breath test instrumentation that is of the most advanced technology and of the highest scientific reliability.

<p style="text-align: center;"><b>Application for Funding Assistance</b> <b>Florida Department of Law Enforcement</b> <b>Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program</b></p>
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Improved instrumentation will offer the following:

- The ability to specifically quantitate alcohol;
- A "mobile" evidentiary breath test for use by criminal justice agencies involved in boating under the influence investigations or in DUI checkpoints;
- Networking capability so that the Alcohol Testing Program can begin maintaining statistics necessary to successfully evaluate breath alcohol testing in the State. Such information will be loaded into a central database at FDLE. This will allow FDLE to determine the number of breath tests performed and the average breath test result in Florida. This information will facilitate Alcohol Testing Program planning and provide information for policy makers at the state, county or agency level.

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**Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program**

**2. Project Description:** Briefly describe proposed project activities. This section should address the basic points of who, what, when, where, and how.

It is the goal of the Alcohol Testing Program to bring the breath alcohol testing methodology and instrumentation used within the state to the forefront of technology. At a minimum, the new instrumentation will offer the ability to measure the alcohol concentration of a person's breath specifically for alcohol. The instrumentation will offer a "mobile" breath test for use by criminal justice agencies involved in boating under the influence investigations as well as allowing a networking capability through the use of computers. This capability will allow the Alcohol Testing Program to better monitor each instrument individually and maintain statistics necessary to successfully evaluate breath alcohol testing within the state.

Information will be loaded into a central database at FDLE, which will provide extensive networking capability throughout the state. Information including, but not limited to, the subject, the case, the number of breath tests a particular agency performs within a given period, and the breath alcohol result can be obtained from the database. This will allow FDLE to determine the number of breath tests performed and the average breath test result in Florida. This information will facilitate Alcohol Testing Program planning and provide information for policy makers at the state, county or agency level.

**(Monroe County Sheriff's Office)** will purchase and distribute **(4)** of Intoxilyzer 8000 and **(4)** of Printers, which will be used to print data obtained by the Intoxilyzer 8000.

Distribution of the equipment will be as follows:

(Please list each agency that will receive equipment and how many of each.)

<u>Agency</u>	<u>Number of Intoxilyzer 8000s</u>	<u>Number of Printers</u>
Monroe County Sheriff's Office	4	4
<b>TOTAL Numbers</b>	<u>4</u>	<u>4</u>

**Application for Funding Assistance**  
**Florida Department of Law Enforcement**  
**Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program**

**Program Objectives and Performance Measures:**

- a. The Objectives and Measures for this program have been pre-established.
- b. You will need to include the numerical accomplishments for the measures. Enter the total number for the grant period in column 3. For example, if 5 instruments will be purchased, enter 5 in column 3.

- a. List the number and title of the Program Area to be addressed.

22

(#)

DUI Enforcement and Prosecution

(Title)

- b. Uniform Objectives: Enter the total number for the grant period in column 3. For example, if instruments will be purchased, enter 5 in column 3.

022 – DUI Enforcement and Prosecution		
022.06	Purchase four (4) evidentiary breath test instruments. Part 1 – During this reporting period, how many evidentiary breath test instruments did you purchase?	4
022.07	Purchase four (4) computer / printer / software packages. Part 1 – During this reporting period, how many computer / printer / software packages did you purchase?	4
022.08	Distribute four (4) evidentiary breath test instruments to criminal justice breath test facilities in Florida. Part 1 – During this reporting period, how many evidentiary breath test instruments did you distribute? List the number by location in the narrative portion of the report.	4
022.09	Distribute four (4) of computer / printer / software packages to criminal justice breath test facilities in Florida. Part 1 – During this reporting period, how many computer / printer / software packages did you distribute? List the number by location in the narrative portion of the report.	4

**Application for Funding Assistance**  
**Florida Department of Law Enforcement**  
**Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program**

4. **Activity Implementation Schedule.** Complete the Activity Implementation Schedule showing when activities in the Program Description will commence and how the project will progress. This chart benchmarks planned activities, both administrative and programmatic. An "X" has been inserted for reports with mandatory due dates for all projects. Place an additional "X" to indicate times applicable to your project, as illustrated for quarterly program reports. Make a detailed listing of key activities under the heading "Programmatic Activities." Your Quarterly Performance Reports will be reviewed against this schedule.

**Subgrant Period (Beginning Date – Ending Date)**

**Administrative Activities**

ACTIVITY	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Submit Financial Reimbursement Requests												
Submit Financial Closeout Package		X (04)										
Submit Quarterly Program Reports	X (04)									X (04)		
Submit Quarterly PGI Reports (If applicable)												

**Programmatic Activities**

(Continue on a second page if necessary.)

Be sure to include activities mentioned in the Project Description

ACTIVITY	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep
Order Intoxilyzer 8000 instrument(s)							X					
Order printer(s)							X					
Receive Intoxilyzer 8000 instrument(s)								X				
Receive printer(s)								X				
Distribute Intoxilyzer(s)									X			
Distribute printer(s)									X			

<b>Application for Funding Assistance</b> <b>Florida Department of Law Enforcement</b> <b>Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program</b>
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**F. Project Budget**
**1. Budget Schedule**

- a. The Project Budget Schedule includes five Budget Categories (Salaries and Benefits, Contractual Services, Expenses, Operating Capital Outlay, and Indirect Costs) and Total Project Costs. Only Expense or Operating Capital Outlay may be used for this program.
- b. Enter the amount of federal, matching, and total funds by budget category that you will use to support project activities. Enter dollar amounts only in applicable categories based on totals from the Budget Narrative and leave others blank. Total Match must be 25 percent of the Total Budget.
- c. Show all figures rounded to the next highest dollar; do not include cents. (Example \$4,505.25 as \$4,506).

**Type or Print Dollar Amounts Only in Applicable Categories and Leave Others Blank.**

<b>Budget Category</b>	<b>Federal</b>	<b>Match</b>	<b>Total</b>
Salaries And Benefits			N/A
Contractual Services			N/A
Expenses	1,125.00	375.00	1,500.00
Operating Capital Outlay	17,925.00	5,975.00	23,900.00
Indirect Costs			N/A
Totals	19,050.00	6,350.00	25,400.00

**Application for Funding Assistance**  
**Florida Department of Law Enforcement**  
**Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program**

**2. Budget Narrative**

- a. The Project Budget Narrative may reflect costs in only the two appropriate budget categories (Expenses or Operating Capital Outlay (OCO)). The Total Project Costs should be included.
- b. Reimbursements will only be made for items clearly identified in the budget narrative.
- c. Costs must not be allocated or included as a cost to any other federally financed program.

(Continue on additional pages if necessary.)

Please respond to the following five items before providing the details of the Budget Narrative.

1. Source of match must be cash and represent no less than 25% of the project's cost.
  - a. Identify your specific source(s) of matching funds.  
**Match will be provided by the Florida Department of Law Enforcement.**
  - b. Is match available at the start of the grant period?  
**Yes.**
2. If Salaries and Benefits are included in the budget as Actual Costs for staff in the implementing agency, is there a net personnel increase, or a continued net personnel increase from the initial year? **N/A**  
  
No: \_\_\_\_\_ If no, please explain.  
Yes: \_\_\_\_\_ If yes, please list number and title of position and type of benefits.
3. Indicate the OCO threshold established by the subgrantee. \$ **750.00**
4. If Indirect Cost is included in your budget please indicate the basis for the plan (e.g. percent of salaries and benefits), and provide documentation of the appropriate approval of this plan. **N/A**

**Application for Funding Assistance**  
**Florida Department of Law Enforcement**  
**Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program**

5. If the budget includes services based on unit costs, be sure to provide a definition and cost for each service as part of the budget narrative for contractual services. Provide the following information.
- a. What is the basis for the unit costs? Bid for equipment obtained by FDLE on behalf of applicant. Provider will be CMI, INC.
- Unit cost is \$5975 for the following package of equipment. Each package includes: CMI Intoxilyzer 8000 (#002480FL); internal printer; modem; badge reader; mobile gas delivery system; Scott V.08 gas cylinder; 3 rolls of printer paper; 100 mouthpieces; and a two year limited factory warranty.
  - Unit cost for each external printer is \$375.
- b. How recently was the basis established or updated? February 2004

**Salaries and Benefits:** None

**Contractual Services:** None

**Expenses:**

Four (4) printers @ \$375/printer = **\$1,500.00**  
(This is to be filled in only if the printers will be not carried as OCO. If printers are considered OCO, Expenses will be N/A.)

**Operating Capital Outlay (OCO):**

Four (4) Intoxilyzer 8000 packages @ \$5975/ package = **\$23,900.00**

(number of external printers) @ \$375/printer = \_\_\_\_\_  
(This is to be filled in only if the external printers will be carried as OCO. External printers should be either Expenses or OCO.)

**Indirect Costs:** None

**TOTAL BUDGET:** **\$25,400.00**

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**G. Conditions of Acceptance and Agreement**

Conditions of agreement requiring compliance by units of local government (subgrant recipients), implementing agencies and state agencies upon signed acceptance of the subgrant award appear in this section. Upon approval of this subgrant, the approved application and the following terms of conditions will become binding. Failure to comply with provisions of this agreement will result in required corrective action up to and including project costs being disallowed and termination of the project, as specified in item 16 of this section.

1. All Subgrant Recipients must comply with the financial and administrative requirements set forth in the current edition of the U.S. Department of Justice, Office of Justice Programs (OJP) *Financial Guide* and *Byrne Program Guidance Document* as well as Florida laws and regulations including the Florida Administrative Code Chapter 11D-9, Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program.

2. Allowable Costs

- a. Allowance for costs incurred under the subgrant shall be determined according to the general principles of allowability and standards for selected cost items set forth in the *OJP Financial Guide*, U.S. Department of Justice Common Rule for State And Local Governments and federal OMB Circular A-87, "Cost Principles for State, Local and Indian Tribal Governments", or OMB Circular A-21, "Cost Principles for Educational Institutions".
- b. All procedures employed in the use of federal funds for any procurement shall be according to U.S. Department of Justice *Common Rule for State and Local Governments*, or OMB Circular A-110 and Florida law to be eligible for reimbursement.

3. Reports

- a. Project Performance Reports

- (1) Reporting Time Frames: The subgrant recipient shall submit Quarterly Project Performance Reports to OCJG by February 1, May 1, August 1, and within forty-five (45) days after the subgrant termination date. In addition, if the subgrant award period is extended beyond the "original" project period, additional *Quarterly Project Performance Reports* shall be submitted.

Failure to submit Quarterly Performance Reports that are complete, accurate and timely may result in sanctions, as specified in item 16 of Section G, performance of Agreement Provisions.

- (2) Report Contents: Performance reports must include both required sections, the quantitative response (in response to specific objectives and measures) and the qualitative narrative. The narrative must reflect on accomplishments for the quarter, incorporate specific items specified for inclusion in performance measures, and also identify problems with project implementation and address actions being taken to resolve the problems.

- b. Financial Reports

- (1) The subgrant recipient shall have a choice of submitting either a Monthly or a Quarterly Financial Claim Report to the OCJG. Monthly Financial Claim Reports (1-11) are due thirty-one (31) days after the end of the reporting period. Quarterly Financial Claim Reports (1-3) are due thirty-one (31) days after the end of the reporting period. In addition, if the subgrant award period is extended, additional Financial Claim Reports shall be submitted. A final Financial Claim Report and a Criminal Justice Contract (Financial) Closeout Package shall be submitted to OCJG within forty-five (45) days of the subgrant termination period. Such claim shall be distinctly identified as "final".
- (2) All claims for reimbursement of subgrant recipient costs shall be submitted on the Financial Claim Report Forms prescribed and provided by the Office of Criminal Justice Grants. A subgrant recipient shall submit either monthly or quarterly claims in order to report current project costs. Reports are to be submitted even when no reimbursement is being requested.
- (3) All claims for reimbursement shall be submitted in sufficient detail for proper pre-audit and post-audit.

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(4) Before the "final" claim will be processed, the subgrant recipient must submit to the Department all outstanding project reports and must have satisfied all special conditions. Failure to comply with the above provisions shall result in forfeiture of reimbursement.

(5) The subgrant recipient shall submit Quarterly Project Generated Income Reports to OCJG by February 1, May 1, August 1, and within forty-five (45) days after the subgrant termination date covering subgrant project generated income and expenditures during the previous quarter. (See Item 10, Program Income.)

**c. Other Reports**

The subgrant recipient shall submit other reports as may be reasonably required by OCJG.

**4. Fiscal Control and Fund Accounting Procedures**

- a. The subgrant recipient shall establish fiscal control and fund accounting procedures that assure proper disbursement and accounting of subgrant funds and required non-federal expenditures. All funds spent on this project shall be disbursed according to provisions of the project budget as approved by OCJG.
- b. All contractual expenditures and cost accounting of funds shall conform to OJP *Financial Guide*, U.S. Department of Justice *Common Rule for State and Local Governments*, and federal Office of Management and Budget's (OMB) *Circulars A-21, A-87, and A-110*, in their entirety.
- c. All funds not spent according to this agreement shall be subject to repayment by the subgrant recipient.

**5. Payment Contingent on Appropriation**

The State of Florida's performance and obligation to pay under this agreement is contingent upon an annual appropriation by the Florida Legislature.

**6. Obligation of Subgrant Recipient Funds**

Subgrant funds shall not under any circumstances be obligated prior to the effective date or subsequent to the termination date of the subgrant period. Only project costs incurred on or after the effective date and on or prior to the termination date of the subgrant recipient's project are eligible for reimbursement.

**7. Advance Funding**

Advance funding may be authorized for up to twenty-five (25) percent of the federal award for each project according to Section 216.181(16)(b), Florida Statutes, the OJP *Financial Guide*, and the U.S. Department of Justice *Common Rule for State and Local Governments*. Advance funding shall be provided to a subgrant recipient upon a written request to the Department justifying the need for such funds. This request, including the justification, shall be either enclosed with the subgrant application or submitted to the Department prior to the first request for reimbursement. Justification should address a 30/60/90-day need for cash based on the budgeted activities for the period.

**8. Reimbursement Subject to Available Funds**

The obligation of the State of Florida to reimburse subgrant recipients for incurred costs is subject to available federal Edward Byrne Memorial State and Local Law Enforcement Assistance Formula Grant Program funds.

**9. Travel and Training**

- a. All travel reimbursement for out-of-state or out-of-grant-specified work area shall be based upon written approval of the Department prior to commencement of actual travel. Subgrant recipients shall obtain written approval from the Department for reimbursement of training costs and related travel prior to commencement of training, if the specific training was not listed in the approved budget. Subgrant recipients shall obtain written approval from the Department for reimbursement of travel costs for field trips that were not listed in the approved project description and budget.
- b. The cost of all travel shall be reimbursed according to local regulations, but not in excess of provisions in Section 112.061, Florida Statutes.
- c. All bills for any travel expenses shall be submitted according to provisions in Section 112.061, Florida Statutes.